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ABSTRACT

This document comprises the five 1997-1988 issues of a newsletter published to disseminate information and resources to child care providers and administrators. The Fall 1997 issue discusses advocating on behalf of children. It lists five steps to take to speak out for children. The Winter 1997-1998 issue discusses mentoring. Mentoring programs are a promising and innovative approach that have the potential to enhance Early Childhood Education programs. The Spring 1998 issue focuses on the Child Care Administrator Certification and describes a pilot project to build a model for providing data to develop certification standards. The issue describes the certification process, the process for evaluating candidates, and components of the evaluation materials. The May 1998 issue focuses on implications of disruptive behavior disorders for the child care community. This issue differentiates disruptive behavior disorders from normal developmental changes, provides guidelines for identifying children with potential behavior problems, discusses the advantages of obtaining an official diagnosis, and describes possible courses of action. The Children's Relationship and Emotional Skills Training Program is also described. The November 1998 issue focuses on challenges faced by early childhood educators when they consider referring young children for special services because of suspected developmental difficulties. The issue also discusses understanding parents' needs, collecting information about the child, the parent-teacher conference, and referring a family to appropriate services. Each issue of the newsletter includes resources related to the issue's focus for child care administrators, including training opportunities and materials available through the Child Care Connections library. (KB)

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Speaking Out for Children – Part of Being a Child Care Professional

Advocating on behalf of children and families is an important role for child care practitioners as child care defines itself as a profession, and child care practitioners define themselves as a child care professionals. This role, in addition to accountability, responsibility and support for child care work, is one of the keystones to professional recognition.

Daily, the child care practitioner speaks out for the children in her charge. She is speaking out for children when she shares developmentally appropriate expectations for a child with a parent, student or visitor; when she expresses concern about a child's well being to Child and Family Services; and when she consults with a colleague on a child's problem or challenge.

Child care practitioners have the responsibility to speak out for the children in their charge, and to speak out for all children. If we look beyond our own program, we see that there are a number of issues that affect all children, and directly or indirectly affect the children with whom we work.

Steps to Take to Speak Out For Children:

1. *Be informed* about the issues which affect children and families;
2. *Respond in your daily practice* to the needs presented by those issues;
3. With colleagues and child care and related organizations, *formulate messages* to address those issues;
4. *Develop strategies* to address those issues;
5. **Speak Out!**

Example:

Speak Out For Children and Against Poverty

Be Informed:

Child poverty is a concern for everyone. It affects the opportunities and experiences available to children; it affects their growth in all areas; it affects the possibilities for children in their development into adults; and it affects their present and future contributions to society.

As child care practitioners and as citizens, we have a collective responsibility to speak out against child poverty, and to do what we can to eradicate it in Canada. We know the ingredients which promote healthy child development, and we know that child poverty is not one of them. In our day-to-day work we develop environments designed to enrich the opportunities and experiences available to children, and know that if a child is hungry, tired, or ill they will not be able to take full advantage of that environment. Knowing this in our day-to-day work gives us insight as to why it is so important that all children in Canada are provided with experiences and opportunities which will contribute fully to their healthy development.

Facts:[1]

- Poor children are twice as likely as other children to die before their first birthday; they are more likely to suffer injury, chronic health problems, and psychiatric disorders.

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- ***Speak out by wearing a royal blue ribbon during November.***
- ***Make and distribute blue ribbons to friends, parents, children, colleagues.***
- ***Tell them what first call for children means.***
- ***Ask them to speak out for children.***

Other Strategies:

- Write letters to provincial and federal politicians, clergy, business and professional leaders;
- Send letters to the editor;
- Circulate material on the benefits of high-quality child care;
- Talk with anyone who will listen;
- Attend election rallies/meetings and ask questions.

Be a part of change

Collectively child care practitioners can improve our society by speaking out for children. This can be done by : being informed about issues which affect children and families; responding to needs presented by those issues in our daily practice; developing strategies to address those issues; and collectively formulating messages to address those issues with colleagues and child care and related organizations. Speaking our for children demonstrates child care's commitment to providing opportunities and experiences so that each child in our society can grow, develop and enjoy a healthy, happy and successful life.

Resources: Organizations

Canadian Child Care Federation, 30 Rosemount Avenue, Suite 100, Ottawa, ON K1Y 1P4. This association has a mission to work within communities to improve the quality of child care for all Canadian children.

Child Care Advocacy Association of Canada, 323, rue Chapel St., Ottawa, ON, K1N 7Z2. The national child care advocacy association is committed to the development of accessible, affordable, high-quality, non-profit child care services for Canadians. The primary goal of the association is to work towards expanding the child care system and to improving its quality.

Child Care Connections, 100-1200 Tower Rd., Halifax, NS B3H 4K6. CCC-NS is a community based development organization for child care. CCC-NS web site, Nova Scotia Child Care Link <http://home.istar.ca/-cccns/index.html> has an events section to keep you up to date on what is taking place to speak out for children.

Child Care Advocacy Association of Nova Scotia, 5594 Morris St., Halifax, NS B3J 1C2. This association lobbies to promote availability, affordability and accessibility of quality, non-profit child care.

Partnerships In Action, is an ad hoc group of community organizations concerned with children and families. Its purpose is to promote and celebrate the present and potential contributions made to our society by children and families, and advocate for first call for children & families. More information on the group can be obtained on the Nova Scotia Child Care Link website <http://home.istar.ca/-cccns/index.html> under "Events–Partnerships in Action," or by contacting Connections.

Resources: Materials

A Tall Order, Meeting Nova Scotia's Child Care Needs, a booklet published by the Nova Scotia Round Table on Day Care, 1997. This booklet outlines steps that can be taken by the province, communities, business, child care practitioners and parents to develop a comprehensive child care system in Nova Scotia.

Partnerships In Action have a display on First Call for Children & Families that can be used in centres, mall displays, presentations etc.

Speak Out for Children: Community Action Guide, a booklet jointly published by the Canadian Association of Family Resource Programs, Canadian Child Care Federation, Canadian Institute of Child Health, Child Welfare League of Canada, and Family Service Canada. This guide is posted on the internet at Child and Family Canada <http://www.cfc-efc.ca> under "Social Issues," and also is available in the Connections resource library. F-020

- Since 1989, the number of poor children in Canada has increased by 428,000.
- Canada has the second highest child poverty rate as compared to 17 industrialized nations around the world;
- 68% more Canadian children live in families needing social assistance today then in 1989;
- 44% more children live in families experiencing unemployment today than in 1989.

Message:

Children are poor because their families are poor. Speak out for increased supports to families in the form of job creation programs, services, housing and child care.

High Quality Child Care Makes a Difference!

We know that the earliest possible intervention is most effective and least costly.[2] Child care practitioners are in a position to affect a dramatic change on Canada's children and particularly children in poverty.

David Weikart, in his research on the effects of quality child care programs (1962 to present), found that "adults born in poverty who attended a high-quality, active learning preschool program at ages 3 and 4 have half as many criminal arrests, higher earnings and property wealth, and greater commitment to marriage. Over participants' lifetimes, the public is receiving an estimated $7.16 return for every dollar invested in a high-quality program."[3] In an address to child care practitioners,[4] he acknowledged that child care practitioners who provide high-quality programs contribute significantly to the health system, the justice system, the education system and the economic system. Their work with children has great benefit to society.

Message:

As child care practitioners and as citizens we have a responsibility to speak out for the provision of high-quality child care programs for all children. We have a responsibility to ensure that our child care programs are high-quality and in doing so we act for children.

Strategy: Speaking Out – First Call For Children!

The United Nations Convention on the Rights of The Child, signed by Canada and ratified by all provinces except Alberta states that:

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration." (Article 3.1)

This principle of "first call for children" on all economic, social and political decisions, policies, programs and expenditures is supported by wearing a royal blue ribbon during November, and particularly on **National Child Day**, November 20.

In Nova Scotia, an ad hoc group, ***Partnerships In Action*** made up of community groups concerned about children and families has formed. The role of ***Partnerships In Action*** is to be a catalyst for advocating for first call for children and families. The group does this through displays, dissemination of information and facilitating events around **National Family Week©** (the week before Thanksgiving) and **National Child Day** (November 20).

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2. Marilyn Waring. Interview on Newsweek, 9/20/97, from her book, *Counting For Nothing*
3. Author. *High-Quality Preschool Program Found to Improve Adult Status*, Yipsilanti, MI: High Scope Press. 1992.
4. David Weikart. *"Quality Child Care, An Investment that is Sure to Grow,"* lecture given in Halifax, August 28, 1997.

Resources: Events

Attend the **Speaking Out for Child Care** Conference, sponsored by the Childcare Advocacy Association of Nova Scotia, November 29 at Henson College, Halifax. Information: 420-1618.

Attend the workshop, **Speaking Out**, at Caring In Practice, the Caring Connection Conference & Trade Show 98, January 30 & 31, 1998, Westin Hotel, Halifax. Information: (902) 423-8199 .

Resources: CCC-NS Library

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Contributions from writers should be discussed with the publication's editor prior to submission, a style sheet is available.

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THIS EDITION OF CONNECTIONS IS SPONSORED BY THE NOVA SCOTIA COUNCIL FOR THE FAMILY

Children are this nation's most precious resource. In Canada, families have the primary responsibility to care for, nurture and guide their children throughout the various stages of development. All Canadians have a collective responsibility to support families in nurturing and creating opportunities for children to develop and grow.

Families in Canada are facing difficult times. Challenged by economic insecurity, unemployment and a disintegrating system of social services and supports, many parents are unable to meet the developmental needs of their children.

Canadians are concerned about the future of this country's social fabric. The erosion of once cherished social programs is deeply worrisome. In particular, Canadians want to preserve programs and initiatives which help children to realize their full potential.

Every Canadian has a critical role to play in assuring that the federal government meets its obligations.

It is up to you. Get involved, speak out and take action for the children of Canada.

Together we can make a difference.

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Mentoring ~ Caring In Practice In Post Secondary ECE Programs

By Carmella Singleton, M.Ed.

Providing quality training experiences for students who are preparing to become early childhood educators in the nineties presents many challenges to post secondary Early Childhood Education Programs (ECE Programs) throughout Canada. Recent research studies indicate that if practical training events (field placements) are to ensure quality experiences for students, then it is crucial to provide the student's field placement supervisors with support and training on how to formally guide students. (Whitebook & Sakai, 1995) This support and training ensures that the field placement supervisors are qualified and empowered to support and guide students during this critical time. Support and training of this nature has the potential to address many of the challenges that face ECE Programs in Canada. One form of support and training for field placement supervisors is mentoring.

Mentor programs include opportunities for experienced early childhood educators and students to reflect upon and analyze the field placement experiences and establish professional relationships. Mentor programs are a promising and innovative approach that has the potential to enhance preservice ECE Programs. They present a unique way of understanding and meeting the needs of students (mentees) and experienced early childhood educators (mentors).

Mentoring: The People, The Practice, The Place

Odell (1990) refers to a mentor as an older, more experienced person who is committed to helping a younger, less experienced person become prepared for all aspects of life. Whitebook, Hnatiuk and Bellm (1994) define an early childhood education mentor as one who is concerned not only with how children grow and learn, but in gaining skills to help other adults become more effective practitioners.

A qualitative research study undertaken by Singleton (1997) explored the components that are necessary to include in a post secondary Early Childhood Education Program. The study, which took place at a provincial college in Newfoundland, examined the experiences of four early childhood educators (mentors) and four early childhood education second year students (mentees) in a variety of situations, i.e. personal interviews, working with children and each other, conferences, and journal writing. The mentors planned formal mentoring opportunities for the mentees to reflect on their practical teaching experiences during field placement. These formal opportunities promoted professional, supportive and supervisory relationships between the mentors and mentees. As the research evolved, the mentors and mentees were empowered to develop meaningful mentoring relationships and become reflective thinkers. The findings of the research (Singleton, 1997) offer us insight to some important ingredients in the people, practice and places of mentoring programs.

Mentoring: The People

An effective mentor for early childhood education preservice students is knowledgeable:

- about the courses and content included in the students' Early Childhood Education Program;
- about young children's development and how they learn;
- about their professional and personal responsibilities to a mentee; and
- about the professional, emotional and social benefits of mentoring.

Mentors are most effective when they demonstrate strong communication skills and are friendly, honest, caring, sensitive and encouraging.

Both mentors and mentees benefit from seminars prior to and during the mentoring experience. These seminars cover the role of the mentor; benefits of mentoring; mentoring strategies and skills; and reflective thinking.

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Mentoring: The Practice

Strategies

Modeling and coaching are two effective mentoring strategies used by mentors to demonstrate and assist mentees as they plan and implement early childhood teaching practices. Mentees become more confident and competent implementing teaching practices after they had many opportunities to observe mentors modeling and coaching teaching practices.

Modeling provides the mentees with opportunities to observe new and/or appropriate teaching practices before they were expected to demonstrate them. Modeling is most meaningful when preceded or followed by mentor/mentee discussion of a specific teaching strategy or skill to be demonstrated.

Coaching is effective when used by the mentors to assist and instruct mentees to demonstrate meaningful teaching practices. It provides opportunities for the mentees to teach collaboratively with their mentors in a teaching/learning environment, as they become confident and competent at demonstrating teaching practices. Coaching is most effective when it occurs after the mentees have had many opportunities to observe their mentors modeling a variety of teaching practices and when it was preceded or followed by mentor/mentee discussion.

Processes to encourage reflective thinking:

Conferences and journal writing are two processes that promote and encourage mentor and mentee reflective thinking regarding early childhood teaching practices.

Conferences of the mentor/mentee pair, a minimum of thirty minutes in duration, are most meaningful when mentors provided reflective feedback and mentees have the opportunity to discuss feedback. During conferences, mentors reflect on their knowledge and understanding of early childhood teaching practices as a basis for discussion, questions, suggestions and feedback. Mentees become more confident and competent in planning and implementing curriculum activities and guiding children's behaviours.

Daily journal writing promotes mentors and mentees reflective thinking related to early childhood teaching practices and personal needs and interests. Written reflections relate to teaching practices focusing mainly on: planning and coordinating daily routines; planning and implementing curriculum activities; and guiding children's behaviours.

Mentoring: The Place

Organizational elements such as uninterrupted time and quiet conference space create an environment that promotes reflective thinking for mentors and mentees. Two mentor qualities that help to create a non-threatening reflective thinking environment for mentors and mentees are sensitivity and encouragement. When mentors are sensitive to mentees' professional and personal needs, the mentees are more open to discuss and reflect on those needs. When mentors provide encouragement to their mentees, they inspire and promote reflective thinking in mentees and themselves.

Considerations for ECE Programs

Including a mentoring component in field placements for ECE Programs will help to ensure that students are provided with a quality training experience. Some considerations for ECE Programs in instituting a mentoring program are:

- ECE programs are encouraged to develop and support a formal mentoring program for experienced early childhood educators interested in becoming or already are placement supervisions. Such a program will ensure that a partnership is established between the community child care centres and the ECE Programs;
- ECE Programs are encouraged to develop selection criteria and processes for choosing quality mentors for their field placement programs in collaboration with the child care community;
- ECE Programs are encouraged to include core courses on reflective thinking practices and mentoring in their program. Focus for these courses would be on modeling and coaching strategies, conferencing and journal writing to promote reflective thinking related to early childhood teaching practices.

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Resources: Events

Attend **Caring in Practice, the Caring Connection Conference and Trade Show,** January 30 & 31, 1998, Westin Nova Scotian, Halifax. Keynote speaker is Patty Hnatiuk Of Wheelock College, Boston, and the Early Childhood Mentoring Alliance. She will present on mentoring and adult development. Carmella Singleton will present on mentoring with student placements. Carol Anne Wein will present a workshop on inquiry as a reflective thinking tool.

Information: On CCC-NS website <http://home.istar.ca/~cccns/index.html> (Go to events, and click on Caring In Practice). Or call CCC-NS (902) 423-8199 (voice); 1-800-565-8199 (Atlantic); (902) 492-8106, fax.

Resources: Programs

Partners In Practice: Successful Canadian Mentoring Programs:

The encouragement and development of reflective practice of early childhood educators is the focus of the Partners in Practice project. It will compare the effect of mentoring on protégés at different stages in their career development. The three programs will examine mentoring applied through a post secondary E.C.E program (College of the North Atlantic) with E.C.E first and second year students (St. John's); Post Secondary E.C.E Program (Niagara College) and The Early Childhood Development Centre and novice E.C.E (Niagara Region); and Child Care Connection-NS, the Certification Council of Early Childhood Educators of Nova Scotia and child care practitioners with an E.C.E certificate, diploma or degree who are at a transition in their career and moving toward voluntary certification (Halifax). Each program will be unique, providing rich sources of data regarding reflective practice across the programs.

Partners In Practice is funded through Child Care Visions, Employability and Social Partnerships of Human Resources Development Canada.

Information: Partners In Practice, 100-1200 Tower Road, Halifax, NS B3H 4K6. (902) 423-8199, voice; (902) 492-8106, fax; cccns@istar.ca, e-mail.

Early Childhood Mentoring Alliance (USA) is an information and technical assistance network for mentors and mentoring programs in United States. It is coordinated by the National Centre for the Early Childhood Work Force NCECW.

Information: NCECW, 733 15th St., N.W., Suite 1037, Washington DC, USA 20005-2112. (202) 737-7700, voice; (202) 737-0370, fax; and mentor@ncecw.org, e-mail.

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Child Care Administrator Certification
Another step toward professional recognition

The administrator of a quality child care program is like the conductor of a symphony. When she does her work well, we are inspired by the music of quality child care. To get "the music" to that point, she must skillfully manage the musicians (teachers), the instruments (equipment & resources), the music arrangements (program), the acoustics (facility),the audience (families) and the program (community). She must balance all these, and more , ingredients. To do this requires a complex set of skills, knowledge and attitudes. In making "quality child care music" the child care administrator not only needs a solid foundation in early childhood education, and in the practice skills necessary to integrate that theory into developmentally appropriate practice, but she also needs a foundation in organizational management theory and practice skills.

In 1997, Child Care Connection-NS conducted research regarding the status of child care administrator credentialing in Canada. Funded through the Child Care Visions Program of Human Resources Development Canada, the research is documented in *Child Care Administrator Credentialing In Canada: A Work In Process*. The paper builds on work to develop a comprehensive work description for the child care administrator and a process for certification of her practice conducted by the Certification Council of Early Childhood Educators of NS and Child Care Connections.

The paper provides an overview of licensing standards for child care administrators, a sample of post secondary early childhood education programs with child care administrator programs, and a comprehensive work description and criteria for the position of child care administrator. It also includes a model for child care administrator credentialing in Canada, and makes recommendations for implementing that model.

One of the recommended actions in implementing the model across Canada is to begin the process of developing standards for the position of child care administrator. The development of these standards and a process to evaluate them (certification of practice) is the focus of the Child Care Administrator Certification Pilot Project.

The Child Care Administrator Certification Pilot Project will build a model that will collect information that will provide data to develop standards. Using this data collection feature, provinces and territories will be able to establish standards for the child care administrator's practice that reflect the unique contexts and priorities of the child care sector in their province / territory.

The project, which runs from January 1998 through to September 1999 is jointly sponsored by the Certification Council of Early Childhood Educators of NS (CCECENS) Child Care Connection-NS (CCC-NS) with funding partner, the Child Care Visions Program of Employability and Social Partnerships of Human Resources Development Canada.

Child Care Administrator Certification Pilot Project:

In recognition of the important role the child care administrator plays in establishing standards of practice in her child care program, the CCECENS began developing a certification process for her practice. Through needs assessment, focus groups and research of the literature, the criteria have been identified, sorted and classified, yielding a Child Care Administrator Work Description. This work description was circulated to Canadian child care organizations, post secondary ECE programs, and licensers for review and refinement.[1] These criteria form the foundation for the evaluation of the child care administrators practice.

The process for evaluating the candidates for child care administrator certification is inclusive. It reflects a developmental process in the candidates, the complexity of the administrator's role , and the shared values of continuous learning and collegiality. It is sensitive to the ethical issues around confidentiality that would present themselves in a peer evaluation process of a child care administrator. It is flexible so candidates can move in and out of the process in response to their needs.

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The Process:

From application through to certification, child care administrator certification candidates are asked to reflect on their own growth and development; on their practice; and on the contextual factors in which they practice. When the candidate is evaluating her peers, she is also asked to reflect upon their peer's practice. This expectation for reflection is fundamental to the certification process and is the catalyst which makes the process dynamic, useful, and enriching.

The process takes the candidate through a prior learning assessment, developing a learning plan, case study presentations, self and peer evaluation, journal writing, and the development of materials which will assist the candidate in her work. Training is provided to candidates for each step in the process.

Components:

Prior Learning Assessment: The candidate develops a portfolio of the learning's she has accumulated over her lifetime which apply to her role as a child care administrator. She then does an assessment of those accomplishments relative to the child care administrator criteria. This assessment identifies the candidate's strengths and potential gaps in the skills, knowledge and attitudes outlined in the criteria. This process assists the candidate in the development of a learning plan for the certification process.

Learning Plan: The candidate's learning plan outlines how she will build on her strengths to develop her knowledge and confidence in her role as a child care administrator. The learning plan focuses on the gaps identified in the prior learning assessment and identifies the areas of the criteria upon which she will concentrate during the certification process.

Case Studies: Ten case studies are the primary source of evaluation of the candidate's practice. Each candidate prepares responses to five written case studies and writes five case studies. These case studies address the criteria relationship areas of staff, family, licensed operator (owners & boards) facility and community. Each of these relationship areas are examined relative to the practice areas of systems, policies & procedures, program & services, legal & professional sanctions, planning and finances. The candidate's presentations are evaluated by the candidate herself, her peers, and the CCECENS evaluator. These evaluations form the basis of the data set that will be used to develop standards.

Journals: Throughout the certification process, candidates keep a journal that focuses her reflections on the criteria and her own practice.

Practice Binders: Four binders are developed by the candidate that provides documents, articles, anecdotes etc. in the areas of the candidate's organization, schedules and forms, policies and procedures, and legal & professional sanctions.

Each of these components serves as a tool for the candidate to reflect and acknowledge the practice skills she has acquired, to document her progress, to plan and accomplish her growth, to gain confidence in her practice, to learn form colleagues and to develop tools which will assist her in her practice.

At this point in time, (February 1998) the infrastructure and tools for the child care administrator certification pilot are being developed. Led by project co-ordinators Elaine Ferguson and Susan Kirby-Smith, and assisted by a review committee, case study writers have been commissioned to develop fifteen case studies; a consultant is developing the prior learning assessment process; a data collection specialist is developing the standards data base; training modules are being written; journals developed; and the model drafted. The purpose of the pilot (April 98-March 99) is to fit all of the pieces together in a way that is time and cost effective, and sensitive to the child care administrator's needs and context. The process will be evaluated and refined as the pilot progresses. Data relative to financial, time and commitment costs will be collected to establish a real cost figure for the process. The remainder of the project time will be spent evaluating the process in collaboration with participants and incorporating recommendations which emerge. Throughout the project, avenues for the transferability of the process to other provincial/territorial contexts will be explored.

Developing child care administrator certification will provide another piece in the professional recognition puzzle for child care. Through the certification process, child care administrators will be recognized for the complexity of work they perform and present themselves as accountable and responsible for their practice.

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Resources: Training

Administration in Early Childhood Education Settings, an IECEDS Summer School Certificate.
Non-credit program , July 6–10. Ten three hour sessions on various topics relating to the operation of a child care setting. Cost is $60.00 per day. You may select specific days of attendance.

Information: (902) 893-3342

Advanced Seminars In Child Care Administration:
Wheelock College, Boston.
Information: 1-617-734-5200 ext. 279, e-mail whe_seminar@flo.org.

CCC-NS Administrator's Series:
A series of two hour sessions on topics of interest to administrators. Topics will be determined through a needs assessment conducted Spring '98. The series will run on the second Friday of the month, 10 am to 12 pm, from October 98 through June 99. More information to follow.

Information: 1-800-565-8199 or 423-8199 in HRM
Certificate in Small Business Management:
Henson College, Halifax: Spring registration deadline March 23. Fall session offered in October.
Information: 481-2408 (HRM), 1-800-932-0338.

Resources: Subscription

Child Care Information Exchange:
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Connections Journal 1.3
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Disruptive Behaviour Disorders: Implications for the Child Care Community

by David Hawkins-Clarke, MA CCC

"Even kindergarten kids are out of control." This statement attributed to Diane Gillett, president of the New Brunswick Teachers Association, appeared in a recent newspaper article. She says teachers regard discipline as their No. 1 concern, and went on to relate a typical incident. "The teacher asked the kindergarten students to come in, recess was over. This one little boy said 'No, I won't go in.' So she went over to take him by the hand to bring him in and he kicked and punched her."

Without much doubt, most early childhood educators and child care administrators recognize this kind of scene from their own experience. The child care community knows full well that significant acting-out behaviours are not uncommon well before school age. To go a step further, looking at the literature that is starting to accumulate on aggressive preschoolers several things are becoming clear: their numbers are on the rise and their developmental pathways do not bode well for productive futures.

Here in Nova Scotia, some 10 years ago, a large-scale survey of children up to five years of age in child care centres was carried out by Mount Saint Vincent University researchers. The results were disturbing. Teachers identified a full 1/3 of the population as special needs or suspected as having special needs, including aggressive behaviours. They also reported only 3% of the children with diagnosed special needs were receiving services let alone the group "suspected "of having special needs (Canning & Lyon, 1989).

In terms of developmental trajectories it is starting to appear that the primary pathway for serious conduct disorders in adolescence and adulthood is set in the preschool period. It is suggested this begins with the emergence of oppositional disorders in children as young as 3 and perhaps even 2, progressing to aggressive and non-aggressive symptoms of conduct disorders, and then to the most serious symptoms by adolescence (Caspi, Dickson, Silva, & Stanton, 1996). There appears to be a progression in what Moffitt (1993) has described as "over the years, slowly and insidiously constructing an antisocial personality".

What is a disruptive behaviour disorder?

What differentiates disruptive behaviour disorders from the normal developmental changes in young children? There is no simple answer to that question. Studies indicate that parents and teachers are likely to complain about a range of acting-out behaviours including overactivity, inattention, aggression toward peers and management problems (Campbell, 1994). However, it is not simply the presence of certain behaviours but rather their pervasiveness and age-inappropriateness. Commonly, mental health professionals include measures of frequency, intensity and duration of behaviours to help make a clinical judgment as to whether a child's behaviours warrant a diagnosis as a disorder. This process is often aided by the use of standardized tests to provide measures of age-inappropriateness. Perhaps the aggressive incident described at the beginning of this article might be considered as unusual behaviour for this child and, as such, not an indicator of emerging problems but rather a short-lived manifestation of stress. However, if this aggression is pervasive and typical of his interactions with adults and other children and on-going for at least six months then it may indicate a disorder. In order to get a sense of this elusive "how much is too much?", try taking the following test before you read further.

How much is too much?

Stop for a moment, imagine a preschool child you have dealt with in the past who had conduct and self-control problems for at least a 6 month period. Get that child in your minds eye, circle the following statements which you feel are true, then count the number you circled.

1. often lost their temper
2. often argued with adults
3. often actively defied or refused to comply with adults requests or rules
4. often deliberately annoyed people
5. often blamed others for his/her mistakes or misbehaviour
6. was often touchy or easily annoyed by others
7. was often angry and resentful
8. was often spiteful or vindictive

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What is the significance of a diagnosis?

If you circled four or more statements on the test the child you had in mind might well have a disruptive behaviour disorder. Although some may feel that diagnosing children is a mechanistic and dehumanizing practice that merely results in unnecessary labeling there can be advantages to diagnosing these disorders:

- Signals that the child and family need help immediately. Not only is there a good chance the current level of conflict and distress that you are witnessing in the centre and/or the parent reports in the home will continue, but it is also likely to increase placing the child at high risk for serious future conduct problems as noted earlier.
- Signals that this is likely a mental health issue requiring interventions focusing at least initially in the home environment. Parenting interactions are the most well-researched and thought to be the most important proximal cause of conduct problems (Kendziora & O'Leary, 1993).
- Access to services may actually hinge on the awarding or withholding of a diagnosis.
- Defines behaviours which are unlikely to have been caused by the child care environment and conversely unlikely to be substantially impacted by changes to centre curriculum or staff practices.
- Differentiates between cases which will probably require comprehensive and specialized interventions involving the parents and home environment and those where changes to staff practices and/or programming within the centre could be helpful.

What can be done currently?

- Referral for mental health services. Generally speaking, outside of families who can afford to pay for private practice assistance, services can not usually be obtained in a timely manner (e.g.. in Cape Breton the current wait for families seeking help is well over a year). In other parts of Canada, the child care community includes mental health professionals working as full time support staff in a similar role to school psychologists.
- No doubt partly due to this scarcity of mental health services, medication is being increasingly utilized for a range of preschooler conduct problems including oppositional and defiant behaviours. This practice is controversial and the consensus among investigators seems to be that drug therapy for children should be used with extreme caution, and only with those children for whom other alternatives simply do not work (Carson & Butcher, 1992).
- Kick children out. Centres are highly reluctant to take this step knowing there are often few other resources for families. However, the all too likely result of including children with disruptive behaviour disorders is to increase staff stress and affect morale. It appears that challenging behaviours are the most problematic inclusion issue in Canadian child care after specialized health related issues. A significant number of EEC's across the country feel that children who are uncontrollably aggressive should be excluded (Hope-Irwin, 1997).

The Children's REST Program

Given a lack of timely services and resources many child care administrators may feel quite frustrated with regard to finding ways to include children with disruptive behaviour disorders. One possible approach to this problem is The Children's Relationship and Emotional Skills Training Program (R.E.S.T.). The Children's R.E.S.T. Program is currently being piloted here in Halifax, sponsored by the Council for the Family and coordinated by this author. This project is testing the feasibility of training selected early childhood educators to work with the parents of these children to remove the symptoms and bring the child's behaviour and compliance within the range considered normal for preschoolers. This requires strengthening the parent-child relationship and building the child's self-esteem and socio-emotional skills including self-control. As part of the project, participants are also being taught to carry out initial screening for disruptive behaviour disorders. The training also has the added advantage of being helpful to children who exhibit internalizing symptoms, such as pronounced withdrawal or depression. The project is to be completed and evaluated by this summer. The results so far look promising and several centres involved in this pilot are seriously interested in looking at incorporating these skills as part of their regular programming.

David Hawkins-Clarke is in private practice as a child and family therapist. He also carries out research on children's mental health issues and is currently completing a demonstration project to train child care practitioners to work with the parents of children who have disruptive behaviour disorders. David can be reached at (902)492-0019 e-mail ah781@chebucto.ns.ca

David Hawkins-Clarke will be presenting the preliminary results from this pilot study here in Halifax at the XI National Child & Youth Care Conference in May. Then, as part of the Child Care Connections workshop series for administrators this Fall, the final results from the pilot will be presented along with further discussion of some of the issues disruptive behaviour disorders present for the child care community.

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Resources: Events

- David Hawkins-Clarke will present the preliminary results of the Children's REST Program pilot project during the **XI National Child & Youth Care Conference** at Mount Saint Vincent University May 27-30, 1998. For information about the conference call the conference office at (902) 457-6187

- Nancy Samalin, Founder of Parent Guidance Workshops, will **present, Loving Your Child Is Not Enough~ Positive Discipline That Works**, a workshop for professionals working with children and families. The workshop takes place on June 4, 1998 at St. Joseph's Catholic Church in Kentville, Nova Scotia. It is sponsored by Family and Children's Services of Kings County. For further information call: (902)678-5110 or 6176.

- Plan to attend the **Charting A New Course Conference,** presented as a partnership between The Institute for Early Childhood Education & Developmental Services and The Canadian Association of Young Children and Early Intervention Nova Scotia. The conference will take place October 23 & 24,1998 in Truro, Nova Scotia. For more information call: (902) 895-4487.

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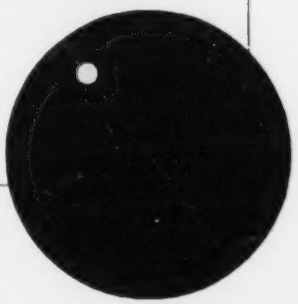

"I'M WORRIED ABOUT THIS CHILD"

Referring Young Children with Developmental Difficulties to Special Services

by Patricia Monaghan, MEd.

Patty Monaghan is the Preschool Outreach Program Coordinator for the Progress Centre for Early Intervention in Halifax..

Early childhood educators are in a unique and important position. They have the opportunity to observe a child within a group context, participating in a variety of activities and routines. As a result, they are often among the first professionals to suspect that a child may be experiencing some developmental difficulties. A dilemma arises from this position, however, as the early childhood educator must then decide what to do with his/her suspicions. This is a challenge no one wishes to face ~ to inform a parent that their child may be experiencing developmental difficulties. In most cases, the parents may already suspect a problem and will have concerns of their own. But in some cases, such as when the child is an only child or a first child, a parent may not have the experience or the basis from which to compare their child's developmental progress.

Understanding The Parent's Needs

Coming to terms with the possibility that your child may have a developmental difficulty can be a very challenging process for a family. The experience has been described as being similar to that of the loss of a loved one. In effect it is the loss of the "idealized child". The dreams and expectations parents may have had for their child now became altered. Parents often pass through the stages of grief (Kubler Ross, 1969):

Denial - "There's nothing wrong with my child."

Anger - It's the doctor's fault." "It's the teacher's fault."Shooting the messenger: the one describing that a problem exists often becomes the target of this anger.

Bargaining -"Maybe if I do five hours of therapy each day or spend thousands of dollars on a specialist he will get better - it will go away."

Depression/Withdrawal - Friendship networks become smaller and the family or individual becomes more isolated.

Acceptance - Parents feeling comfortable and confident in their relationship with their child and feeling positive about who they are and who their child is.

Family members will pass through stages of grief at different times and in different ways. When major changes occur in a family's life such as moving to a new home, starting a new job, buying a new car, there are usually choices involved. The changes that take place for a family of a child with special needs are often out of the family member's control, so it can be a confusing and frustrating time. Parents may begin to feel helpless and powerless with decisions often being made by professionals outside of the family unit regarding what is best for their child.

As professionals who may be the first to talk to parents about their child's difficulties, early childhood educators take steps to avoid having parents experience this loss of control. They establish positive communication systems, and take a proactive approach, such as informing parents of their options. Thus parents have an understanding of their child's needs and are capable of being informed decision makers for their child. Debra Martell, a parent advocate (SpeciaLink, Winter 1996) notes that there are two things to keep in mind when working with parents. The first is: "Always assume that the parent knows everything is about their child and the needs of that child". The second is: "assume that the parent knows absolutely nothing about the child and the needs of that child". The first assumption conveys respect and the second assumption ensures that parents are always given the information they need in order to make an informed decision.

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Collecting Information About the Child:

Early childhood educators are trained observers and this is perhaps the most critical skill to possess. When concerns are suspected, an educator is able to make observations of the child in a variety of activities throughout the program, taking anecdotal notes whenever possible. Working as a team within the program is also important, with each educator's observations and perspectives noted and discussed. Concrete examples of what the child is doing (both positive achievements and challenges) are useful to have on hand during a discussion with the parents and can assist in confirming for the educator that there is indeed a problem.

Another critical skill for early childhood educators is listening. As you listen to the parents at pick-up and drop-off time, are they expressing subtle concerns about their child, such as describing a particularly frustrating morning or a sleepless night? Build a comfortable communication exchange with the parents by listening to and acknowledging their concerns. It is important for parents to trust that their child's caregiver is listening to them and genuinely cares about their child's needs. Communicate to parents about their child's day, especially if it was a difficult day. Begin the discussion with some positive accomplishments for example, "Joey and Sarah played well together today in housekeeping", and later in the conversation describe examples of the challenging behaviour , for example, "Joey had a hard time at circle today. He sat with the group for awhile, but the circle props were very tempting for him to touch. It was difficult for him to stay on his carpet square.". Discuss with the parent what was tried or modified to assist the child and ask for any ideas that have worked for them at home. Using a partnership approach allows parents to play an active role in the process and keeps them informed of what is happening with their child.

No one wants to be called to attend a meeting about a concern that has never been brought to their attention before. Surprises put people on the defensive. An ongoing communication system such as short conversations, or telephone calls or a home and school notebook that stays in the child's bag, can assist in keeping parents informed and prepared in the event of a more formalized meeting.

The Parent-Teacher Conference

A scheduled parent-teacher conference often becomes necessary when developmental concerns are suspected. These meetings are intimidating both for the teacher and for the parents. Prepare for the meeting with observations, anecdotal notes, and collected samples of the child's work. Avoid going into the meeting with a rigid agenda; instead, consider the meeting to be an opportunity to problem solve with the family. Open the meeting by discussing examples of some positive aspects of the child's development and interactions within the program. Ask the parents to describe what the child is doing at home such as the child's likes and dislikes and his/her independence skills such as dressing, eating, toileting, etc. Often, within this discussion, windows of opportunity exist for the educator to describe concrete examples of the child's performance at the child care program. Use descriptive, non-judgmental language (for example use "Joey is sometimes throwing the craft materials off the table during craft time." rather than "Joey is a behaviour problem in the classroom."). By citing concrete and simple examples parents have a clear picture of what their child is doing and have a better opportunity to respond in a constructive way. After discussing the strategies already tried by the program staff and the additional ideas and concerns relayed by the parents, it may be necessary to suggest that the child care program would benefit from more input from an outside source regarding how to best meet the child's needs. This is an opportunity to inform parents of the available services in the community and what these services offer. When describing available services, it is not necessary at this point to use terms such as "special needs" as this can be quite overwhelming for parents. It is not the early childhood educator's role to suggest a diagnosis but to simply describe their observations. Avoid jargon and keep the explanations clear and simple. Even the most educated parent can be overwhelmed when discussing their child, and may not really be hearing what is being said about him/her.

Referring a Family to Appropriate Services

Encourage parents to discuss their concerns with their family doctor. Many resources exist within the community to assist families when their child is experiencing developmental difficulties. Waiting lists often exist for many of the services so it is important to alert parents to this possibility.

Conclusion:

The early years are a critical time in all children's development. It is the time of most intense change and development. Providing developmental support and intervention in the early years while the nervous system is still malleable and most responsive is critical in the prevention of developmental delays and to ensure that a child may develop to his/her own individual potential. By beginning early we may assist children and families in being fully active participants within their community.

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Resources: Referrals

To make referrals to the following services, parent permission is required. Parents need to be aware and willing to have the referral made. Involvement in all of the services is voluntary and requires parent commitment and participation.

- **The Nova Scotia Hearing & Speech Clinic** provides services for children experiencing communication, language and hearing difficulties. A parent, child care professional, or health care professional may make a direct call to the clinic to refer a child for assessment and services.

- **The IWK Grace Health Centre** provides a variety of out patient services such as Psychology, Pediatric Mental Health Services, Developmental Clinic, Occupational Therapy and Physiotherapy. Parents and early childhood educators may make a direct referral to psychology services but other health care related services require a physician referral. When fine motor and self-care/adaptive concerns exist, it may be suggested that a parent discuss a possible occupational therapy referral with their physician, and a possible referral to a physiotherapist when motor skills are a concern. It is important to explain to the parent that these referrals do not necessarily mean that a child will require these services long term, but it is an opportunity to examine concerns further through an assessment and a discussion with a qualified professional.

- **Early Intervention Programs** provide support and information to families who have young children (birth to 6 years) experiencing a delay in two or more areas of development (eg. motor skills, communication, social emotional, self-care/adaptive and cognitive skills). Support is provided to families within their home through a home visit program. Consultation is also provided to early childhood educators within child care programs. A Preschool Integration Program, where available, can assist early childhood educators in problem solving through challenging situations and assist in the development of a child's individual program. The Progress Centre Preschool Outreach Program provides workshops and in-services to early childhood educators on various topics related to child development and children with special needs. Parents, early childhood educators and other professionals may make a direct referral for services.

Resources: Programs

Early Intervention Programs in Nova Scotia:

Antigonish County	863-2298
Colchester County	893-3342
Cumberland County	667-8244
Glace Bay	849-3429
Hants/Kings County	678-6111
Lunenburg County	634-8801 ext 314
Halifax, Dartmouth & Area	423-2686
Pictou County	752-1016
Queens County	354-5890
Sackville & Bedford	864-5251
Shelburne County	875-4067
Yarmouth County	742-3366
SpeciaLink The National Child Care Inclusion Network	1-800-840-LINK

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